



State of Utah
Department of Public Safety
Bureau of Criminal Identification
3888 W 5400 S, BOX 148280, SALT LAKE CITY, UT. 84114-8280

REPLACEMENT CONCEALED FIREARM PERMIT AFFIDAVIT

COMPLETE the following information as it now appears on your Utah concealed firearm permit.

Name: _____ Date of Birth: _____ Permit # _____

Address: _____ SSN: _____

INSTRUCTIONS: Please check the appropriate box, which identifies why you need a replacement permit.

Explain below the specific circumstances. If the permit has been stolen please identify the police agency the theft was reported to and a case number. If the permit is being replaced because of a change of personal identification information, i.e., new address, change of name, etc., please identify the changes. If there has been a change of name please include the appropriate legal documentation.

☐ Permit has been lost

☐ Address Change

☐ Permit has been stolen

☐ Name Change

☐ Permit is damaged or worn

☐ Other, _____

Please explain: _____

► A FEE OF \$10.00 AND A PHOTOCOPY OF YOUR CORRECTED DRIVERS LICENSE OR ID CARD MUST BE RETURNED WITH THIS FORM.

I, the undersigned, being duly sworn or affirmed, state that the above information is true and accurate to the best of my knowledge and prior to this date, I have been issued a concealed firearm permit from the state of Utah:

Signature: _____

Subscribed and sworn to before me on this _____ day of _____, 20____

Notary Public

METHOD OF PAYMENT (CHECK APPROPRIATE BOX) Payment enclosed (check or money order only) ☐ Credit Card ☐
Credit Card payment must include 3-digit control number found on the back of the credit card. There is a \$20.00 service charge for any returned check.

Credit Card Orders: *Visa ☐ *MasterCard ☐

Card Number

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3 Digit Control #

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Expiration Date

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Signature _____

Phone Number _____